

BUSINESS IMPACT ANALYSIS (BIA)

CRITICAL APPLICATION/SYSTEM IMPACT ANALYSIS SURVEY

This survey will be used to enable us to scope the recovery strategies and services to be provided by OIT's OARS facility in the event of a disaster. The survey will also provide us with the minimum operating requirements your department / division requires for critical applications and will allow us to suggest alternative options for you if needed. Finally, the survey will assist you in analyzing and prioritizing the applications your agency preserves as critical, completing one of the basic functions required in the development of an agency COOP plan. We are requesting that this survey be completed by the division business unit or data owner, i.e., those that utilize the application in the performance of their business function. An electronic version of this BIA can be obtained at <http://www.nj.gov/it/reviews/>. **Please email completed form to oars@oit.nj.gov.**

The data you provide herein is treated as confidential information and will be handled by personnel as such.

A disaster is defined as any incident that disables or interrupts the ability of agencies to maintain a "business as usual" environment for an extended period.

Agency: _____

Business Unit: _____

Division: _____ Building: _____

Individual Completing Form: _____ Phone Number: _____

Supervisor: _____ Phone Number: _____

Date Completed: _____

1. Name of Function / Application: _____

2. Briefly describe the Business Process related to this system (application):

3. Please rate the following as indicated below.

a. Relative Importance of each operational impact as it **relates to your system**.

Scale 0 = No Importance, 5 = Moderate Importance, 10 = Extreme Importance.

b. Indicate the severity of impact on each criterion **over time** if your system was lost.

Scale: 0 = No Impact, 1 = Little Impact, 2 = Some Impact, 3 = Significant Impact, 4 = Severe Impact.

| Operational Impact | Relative Importance | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Wk 1 | Wk 2 | Wk 3 | Wk 4 |
|-----------------------------|---------------------|-------|-------|-------|-------|-------|------|------|------|------|
| Cash Flow | | | | | | | | | | |
| Compliance Gap | | | | | | | | | | |
| Customer Service | | | | | | | | | | |
| Employee Resignations | | | | | | | | | | |
| Financial Reporting | | | | | | | | | | |
| Federal Funding | | | | | | | | | | |
| Federal Statute Obligations | | | | | | | | | | |
| Legal Liability | | | | | | | | | | |
| Public Health | | | | | | | | | | |
| Public Image | | | | | | | | | | |
| Public Safety | | | | | | | | | | |
| State Statute Obligations | | | | | | | | | | |
| Other (Explain) | | | | | | | | | | |

4. Recovery Time Objective: How long can your business process continue to function without this system?

Assume that loss of this system occurs during your busiest, or peak, period. Check only one

- ☐ Hours _____
☐ Up to 1 day
☐ Up to 3 days
☐ Up to 1 month
 ☐ Up to 2 days
☐ Up to 1 week
☐ Other (please specify) _____

5. Do you have alternative procedures in case the system is not available? ☐ Yes ☐ No

6. **Recovery Point Objective:** What is the age of the files that must be recovered from backup storage for normal operations to resume (How frequently are your backups performed?)

- ☐ 15 minutes to 1 hour
☐ Days
☐ Monthly
 ☐ Hours
☐ Weekly
☐ Other (please specify) _____

7. Do you have alternative procedures to recover lost data? ☐ Yes ☐ No

8. How many customers are impacted if this application is unavailable?

- ☐ None or not applicable
☐ As many as 100 customers are affected
☐ Between 250 - 500 customers are affected
☐ More than 1000 customers are affected
 ☐ Up to 25 customers are affected
☐ Between 100 - 250 customers are affected
☐ Between 500 - 1000 customers are affected

9. At what times during the year would a System / Application interruption have the most impact on your area? If none, skip to question 12.

| Minor<...>Major | | Minor<...>Major | | Minor<...>Major | | Minor<...>Major | |
|-----------------|---|-----------------|---|-----------------|---|-----------------|---|
| Jan | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Feb | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Mar | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Apr | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| May | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Jun | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Jul | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Aug | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Sep | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Oct | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Nov | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Dec | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

If major, Please indicate reason: _____

Use the Following Alphabetical Codes to Answer Questions 10, 11 And 12:

| | | | | |
|-----------------------|-------------------------|--------------------------|---------------------------|------------------------|
| A = Over \$10M | B = \$1M – \$10M | C = \$100K – \$1M | D = \$10K – \$100K | E = Up to \$10K |
|-----------------------|-------------------------|--------------------------|---------------------------|------------------------|

10. How much revenue does your agency stand to lose if the system your unit maintains is not operational?

Specific Timeline:

| | | |
|--|--|----------------|
| <input type="checkbox"/> < \$10,000 | <input type="checkbox"/> \$10,000 - \$49,999 | Hours: _____ |
| <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$199,999 | Day 1: _____ |
| <input type="checkbox"/> \$200,000 - \$299,999 | <input type="checkbox"/> \$300,000 - \$399,999 | Week 1: _____ |
| <input type="checkbox"/> \$400,000 - \$499,999 | <input type="checkbox"/> Over \$500,000 | Month 1: _____ |

11. The loss of this system would result in lost revenue from fees, collections, interest, penalties, etc. During the indicated time after the disaster, this loss would be:

| | | | |
|--------------|---------------|-------------|-------------|
| Hours _____ | Day 1 _____ | Day 2 _____ | Day 4 _____ |
| Week 1 _____ | Month 1 _____ | Other _____ | |

12. What are the total potential regulatory fines, if any, for each period the system is not operational?

Hours _____ Day 1 _____ Day 2 _____ Day 4 _____
Week 1 _____ Month 1 _____ Other _____

13. Does the data from this system feed into other internal systems or other agencies systems? ☐ Yes ☐ No

a. If yes, what type of data is passed? (Financial, Regulatory, etc.)

b. How much of a financial loss is incurred if this data is not passed?

c. Which System(s) is/are fed?

14. Specify any other factors that should be considered when evaluating the impact of the loss of this business process:

15. Does an analysis of the responses to the above questions indicate that this business process should be considered as "vital" to the organization?

☐ Yes ☐ No

If yes, indicate below when such a label is appropriate:

- ☐ Always
- ☐ During the following period of the year: _____
- ☐ During the following time of the month: _____
- ☐ During the following time of the week: _____
- ☐ Other time period. Specify: _____

16. Business Process Contact: _____